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| Office Use Only | |
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DUPLICATE RENEWAL APPLICATION REQUEST FORM

Kentucky Board of Nursing
312 Whittington Pky Ste 300
Louisville KY 40222-5172
502-329-7000 or 800-305-2042

\$25 fee for EACH application requested:

RN

ARNP

SANE

Total Enclosed: \$_____

Kentucky Revised Statute 314.107 and Kentucky Administrative Regulation 201 KAR 20:370, Section 1(11), requires a licensee to notify the Board upon establishment of a new mailing address.

Type of Change Needed

☐ **Permanent Change of Address** (Your address on KBN file will be changed)

Temporary Change of Address (Your address on KBN file will NOT be changed)

For Identification, Provide the Following Information

License #

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Social Security #

$$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|c|c|} \hline & & & \\ \hline \end{array}$$
Daytime Phone # (include area code)

$\begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} - \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array} = \begin{array}{|c|c|c|} \hline & & \\ \hline \end{array}$
 $\begin{array}{|c|c|} \hline & \\ \hline \end{array} - \begin{array}{|c|c|} \hline & \\ \hline \end{array} = \begin{array}{|c|c|} \hline & \\ \hline \end{array}$

Signature

Signature _____

Date

Name and Address

Last Name

[illegible]

First Name

[illegible]

Middle Name

[illegible]**Maiden Name**[illegible]

Street Address

[illegible]

City

[illegible]

State

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Zip Code

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County

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